

falsifications/fabrications were the underlying reason for the retraction/corrections.

**FOR FURTHER INFORMATION CONTACT:**

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8800.

**John Dahlberg,**

*Director, Division of Investigative Oversight, Office of Research Integrity.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Findings of Research Misconduct**

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

*Boris Cheskis, Ph.D., Wyeth Pharmaceuticals:* Based on the report of an investigation conducted by Wyeth Pharmaceuticals and additional analysis conducted by ORI in its oversight review, ORI found that Boris Cheskis, Ph.D., former senior scientist, Discovery Research, Women's Health, Wyeth Pharmaceuticals, engaged in research misconduct in grant applications 1 R01 DK072026-01 and 1 R01 DK072026-01A2 submitted to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH.

*Specifically, ORI found that:*

- The Respondent engaged in misconduct in science, 42 CFR 50.102, in NIDDK, NIH, grant application 1 R01 DK072026-01, "MNAR Crosstalk with Steroid Receptors," submitted to NIH on September 28, 2004, by intentionally falsifying Figures 5 and 6.

- The Respondent engaged in research misconduct, 42 CFR 93.103, in NIDDK, NIH, grant application 1 R01 DK072026-01A2, "MNAR Crosstalk with Steroid Receptors," submitted to NIH on November 9, 2005, by intentionally falsifying Figures 6 and 9.

Dr. Cheskis' research was in an area of research (estrogen receptors and modulation of nongenomic phosphorylation cascades) that is of importance to women's health. Dr. Cheskis' team identified an adapter protein, MNAR, that coordinates interactions between certain nuclear receptors, Src and PI3K and may play

important roles in regulation of cell proliferation and survival.

Both Dr. Cheskis and the U.S. Public Health Service (PHS) were desirous of concluding this matter without further expense of time and other resources. Dr. Cheskis neither admits nor denies that ORI's findings represent findings of research misconduct. The settlement is not an admission of liability on the part of the Respondent.

Dr. Cheskis has entered into a Voluntary Settlement Agreement. Dr. Cheskis has voluntarily agreed, for a period of two (2) years, beginning on March 22, 2010:

(1) To exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant;

(2) That any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses him in any capacity on PHS-supported research, or that submits a report of PHS-funded research in which he is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval; the supervisory plan must be designed to ensure the scientific integrity of his research contribution; respondent agreed that he will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

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**John Dahlberg,**

*Director, Division of Investigative Oversight, Office of Research Integrity.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Office of Public Health and Science, Office of Minority Health; Privacy Act of 1974; Report of a New System of Records**

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Minority Health.

**ACTION:** Notice of a new Privacy Act System of Records (SOR).

**SUMMARY:** In accordance with the requirements of the Privacy Act, OMH

proposes to establish a new system of records entitled, "Minority Health Information Service." Under provisions of 42 U.S.C. sec. 300u-6, the Office of Minority Health (OMH) is charged with maintaining a national minority health resource center to (1) Facilitate exchange of and access to information related to health information, promotion, services and education; (2) assist in analysis of issues and problems with regard to such matters; and (3) provide technical assistance with regard to the exchange of such information. The primary purpose of this system is to collect and facilitate distribution of minority health information to public and professional audiences. In support of this purpose, this system maintains individually identifiable information concerning individuals voluntarily participating in OMH health campaigns and technical assistance programs, and concerning information requested by individually identifiable customers that is maintained to facilitate order tracking and customer service.

**DATES: Effective Dates:** This notice will become effective 30 days from the date of publication of the notice unless modified by a subsequent notice making changes in response to public comments. Although the Privacy Act requires only that OMH provide an opportunity for interested persons to comment on the proposed routine uses, OMH invites comments on all portions of this notice.

**FOR FURTHER INFORMATION CONTACT:**

Blake Crawford, Director, Division of Information and Education, Office of Minority Health, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852. He can be reached by telephone at 240-453-6905 or via e-mail at [blake.crawford@hhs.gov](mailto:blake.crawford@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Generally, OMH distributes a variety of information via e-mail newsletter, maintains a Resource Persons Network of public and private health experts, plans and implements health campaigns and leads national initiatives with federal and nonfederal partners, conducts leadership development programs, provides capacity development and technical assistance services to community organizations and government agencies and provides information, literature and statistical data in response to public inquiries. The Minority Health Information Service supports the mission of the OMH Resource Center (OMHRC) to function as a help desk and technical assistance service for the public and an organization that assists OMH in implementing national initiatives and